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Debriefing and post traumatic stress disorder

Dear Sir – We have read with interest Dr Tobin's informative article on the subject of PTSD in the *Irish Journal of Psychological Medicine*¹, but have misgivings about the views expressed in his letter in the March 2002 issue of the same journal.² Dr. Tobin recognises that there has been a failure to demonstrate any benefit from psychological debriefing for the prevention of PTSD following traumatic incidents, summarised in the findings of the Cochrane Report³ but concludes 'whether or not debriefing prevents PTSD we will never know for sure. There are just too many variables to measure.' He argues that we should continue to use psychological debriefing because the debriefed see it as a recognition that the organisation cares about their emotional well being, which, in turn, may help to defuse anger.

Dr Tobin makes a strong argument for the complexity of PTSD but an equally strong argument can be made for schizophrenia and mood disorders and appropriate study design and statistical analysis can overcome such complexities. Furthermore we feel that it is disingenuous to expose patients to a treatment on the basis that it may cast the organisation in a favourable light. Participants might not be so grateful if they knew they were being exposed to a treatment that evidence suggests will at best do no good and at worst increase their risk of developing PTSD.⁴

The 'welcome demise' of debriefing referred to by Conlon and Fahy⁵ has not yet come about. One of the authors (DW) who spent an hour in the High Court in cross examination defending why it was that his Trauma Programme did not include debriefing, wishes it would.

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BOOK REVIEWS

Textbook of community psychiatry

Edited by C Thornicroft, C Szmukler. Oxford University Press 2001

Despite having useful contributions from other nations, this textbook has, understandably, a largely British ethos. There is much searching for definitions of the subject matter of the book and a useful review of the development of community-based psychiatry (CBP). The text gives good coverage of scientific methods of analysing CBP and a reasonable sprinkling of scepticism for what can be deducted by managers from numbers. The reader is reminded in many different ways that statistics mean little at the coal-face. Local factors are oft neglected at the macro planning stage. There is adequate attention to families, carers, ethnicity, marginalisation, and ghettoisation. The differences between generalist and specialised community mental health teams (CMHT) are treated very well by individual authors, as are the roles of sectorisation, competence training, and multidisciplinary teams.

Various chapters deal with different components of community psychiatry, varying from active outreach to

inpatient beds. The boundaries and interfaces between and with CBP and other disciplines (forensic, primary, psychotherapy, old age, etc) and the community are the subjects of whole sections. Prevention is partitioned into the usual triad of primary, secondary and tertiary, each with the personal stamp of different contributors. The most interesting chapters for me were the last three: ethical issues and dilemmas. The more paranoid among us may be left with the fear that we are being gradually changed from medical practitioners into left-wing sociologists!

Community Psychiatry is easy to read and, in parts, enjoyable. What would make it extremely interesting would be a few contributions from ordinary clinicians allowed to ventilate their experiences about day-to-day practice! The inability to fill consultant posts in England would be another exciting subject.

Despite the caveats, trainees should note that this book will be the Bible (especially for those who set examination questions) for some time to come.

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